837 Dental Claims
Companion Guide Summary

to 4010X097A1 of the ASC X12N Dental Health Care Claim (837D)

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General Information

This document is a Summary of the Companion Guide to be used along with version 4010X097A1 of the ASC X12N Dental Health Care Claim (837D) Implementation Guide for conducting electronic data interchange (EDI) with the Military Medical Support Office (MMSO), Great Lakes, Illinois. MMSO has identified specific user edits necessary for transmitting transactions to this office. An electronic version of this Summary along with a full version of the Companion Guide can be found at MMSO's HIPAASite. Other specific information on conducting electronic transactions with MMSO can also be found at this web site. You can access this site by going to http://mmso.med.navy.mil and following the HIPAASite link. These companion guides supplement but do not contradict any requirement in the ASC X12N Dental Health Care Claim (837D) Implementation Guide.

Provider Information

The provider may send their federal tax identification, employer's identification or social security number as the billing provider's primary identification number. The provider must consistently send the same billing provider primary identifier for all 837 transactions.

Pay-to providers will not be accepted. The provider who expects to get paid for the claim must be identified in the Billing Provider loop.

Patient Information

The subscriber is always the patient. Any claim sent with information in the Patient Hierarchical level will not be accepted. The subscriber information must include the patient's social security number in the Subscriber Primary Identifier element. Any transaction without the subscriber's social security number will not be accepted.

Claim Information

MMSO does not handle coordination of benefit claims. Do not send any data segments dealing with the coordination of benefit information. Any claim including these segments will not be accepted.

Transaction Detail Information

Loop	Segment and Description	Element ID	Element Name	Remarks
	BHT – Beginning of Hierarchical Transaction	BHT06	Transaction Type Code	Must be "CH"
1000B	NM1 - Receiver Name	NM103	Organization Name	Must be "Military Medical Support Office"
1000B	NM1 - Receiver Name	NM109	Identification Code	Must be "12-912-9198"
2000A	PRV – Billing/Pay-to Provider Specialty Information	PRV01	Provider Code	Must be "BI"
2010AA	NM1 – Billing Provider Name	NM108	Identification Code Qualifier	Must be "24" or "34"
2000B	SBR – Subscriber Information	SBR01	Payer Responsibility Sequence Number Code	Must be "P"
2000B	SBR – Subscriber	SBR06	Coordination of Benefits Code	If sent, must be "6"
2010BA	NM1 – Subscriber Name	NM102	Entity Type Qualifier	Must be "1"
2010BA	NM1 – Subscriber Name	NM108	Identification Code Qualifier	Must be "MI"
2010BA	NM1 – Subscriber Name	NM109	Identification Code	Must be the patient's Social Security Number
2010BB	NM1 – Payer Name	NM103	Organization Name	Must be "Military Medical Support Office"
2010BB	NM1 – Payer Name	NM108	Identification Code Qualifier	Must be "PI"
2010BB	NM1 – Payer Name	NM109	Identification Code	Must be "12-912-9198"
2300	CLM – Claim Information	CLM19	Claim Submission Reason Code	Do not send this element. Claims with this element included will not be accepted.

Loops and Segments not implemented by MMSO

The following is a list of Loops and Segments that MMSO will not be mapping to the adjudication system.

Loop or Segment	Description	Remarks
Segment 2000A.CUR	Foreign Currency Information	Segment ignored if sent. All currency in US Dollars
Loop 2010AB	Pay-to Provider's Name	Loop ignored if sent.
Segment 2010BA.REF	Subscriber Secondary Identification	Loop ignored if sent. Patient's SSN must be sent in the 2010BA.NM1 segment. No other Patient IDs will be accepted.
Segment 2300.AMT	Credit/Debit Card – Maximum Amount	Segment ignored if sent.
Segment 2300.REF	Service Authorization Exception Code	Segment ignored if sent.
Loop 2310D	Assistant Surgeon Name	Loop ignored if sent.
Loop 2320	Other Subscriber Information	Loop ignored if sent.
Segment 2400.AMT	Approved Amount	Segment ignored if sent.
Loop 2420B	Other Payer Prior Authorization or Referral Number	Loop ignored if sent.
Loop 2430	Line Adjudication Information	Claim will be rejected if sent.
Loop 2000C	Patient Hierarchical Level	Claim will be rejected if sent.